

DIVISION OF HEALTH SERVICES
IMMUNIZATIONS PROGRAM
JULY 1, 2007 - DECEMBER 31, 2007
BUDGET NO. 432-400582

ACCT. NO.	ACCOUNT NAME	CURRENT BUDGET	DIFFERENCE	PROPOSED BUDGET
4331	FEDERAL GRANTS THRU STATE	(219,000.00)	(4,050.00)	(223,050.00)
	TOTAL STATE REVENUE	(219,000.00)	(4,050.00)	(223,050.00)
5102	SALARIES & LABOR	164,746.00	-	164,746.00
	TOTAL SALARIES & OVERTIME	164,746.00	-	164,746.00
5510	RETIREMENT BENEFITS - COUNT	11,532.00	(32.00)	11,500.00
5511	OPEB RETIREE INSURANCE	10,709.00	(109.00)	10,600.00
5516	MEDICARE COVERAGE (MQFE)	2,224.00	(44.00)	2,180.00
5520	GROUP LIFE INSURANCE	1,120.00	(20.00)	1,100.00
5543	CIGNA INSURANCE	21,291.00	9.00	21,300.00
5560	DISABILITY INSURANCE	2,636.00	(143.00)	2,493.00
5591	OJI MEDICAL INSURANCE	2,554.00	(54.00)	2,500.00
5592	UNEMPLOYMENT COMP INS	542.00	(42.00)	500.00
	TOTAL FRINGES	52,608.00	(435.00)	52,173.00
6016	DATA PROCESSING SUPPLIES	-	1,200.00	1,200.00
6046	MEDICAL SUPPLIES	-	1,408.00	1,408.00
6052	OFFICE SUPPLIES	-	421.00	421.00
	TOTAL SUPPLIES	-	3,029.00	3,029.00
6874	TELECOMM SERVICES	-	450.00	450.00
	TOTAL O & M CONTRA	-	450.00	450.00
9804	TR/T INDIRECT COST	1,646.00	1,006.00	2,652.00
	TOTAL OPER TNFRS OUT	1,646.00	1,006.00	2,652.00
	TOTAL EXPENDITURES	219,000.00	4,050.00	223,050.00
	NET COST	-	-	-

DIVISION OF HEALTH SERVICES
ADMINISTRATION & FINANCE
JULY 1, 2007 - JUNE 30, 2008
BUDGET NO. 010-400301

<u>ACCT. NO.</u>	<u>ACCOUNT NAME</u>	<u>CURRENT BUDGET</u>	<u>DIFFERENCE</u>	<u>PROPOSED BUDGET</u>
9530	RESTRICTED OPER & MAINT	(6,160.00)	1,006.00	(5,154.00)
9634	TRSF/F FEDERAL THRU STATE-IND COST	<u>(487,623.00)</u>	<u>(1,006.00)</u>	<u>(488,629.00)</u>
	NET OPERATIONS	<u>(493,783.00)</u>	<u>-</u>	<u>(493,783.00)</u>

DIVISION OF ADMINISTRATION & FINANCE
TELECOMMUNICATIONS
JULY 1, 2006 - JUNE 30, 2007
BUDGET NO. 961-201501

<u>ACCT. NO.</u>	<u>ACCOUNT NAME</u>	<u>CURRENT BUDGET</u>	<u>DIFFERENCE</u>	<u>PROPOSED BUDGET</u>
4262	SERVICE INCOME	(4,044,831.00)	(450.00)	(4,045,281.00)
6771	COMMUNICATION EXPENSE	<u>3,298,725.00</u>	<u>450.00</u>	<u>3,299,175.00</u>
	NET OPERATIONS	<u>(746,106.00)</u>	<u>-</u>	<u>(746,106.00)</u>

DIVISION OF HEALTH SERVICES IMMUNIZATIONS PROGRAM

JULY 1, 2006 - DECEMBER 31, 2006

BUDGET NO. 431-400582

EXHIBIT B

POSITION NO.	JOB TITLE	STATUS	COMPENSATION		
			CURRENT	DIFFERENCE	PROPOSED
950218				\$ -	
950219				\$ -	
861008				\$ -	
020697				\$ -	
930074				\$ -	
950216				\$ -	
020700				\$ -	
861450				\$ -	
930076				\$ -	
950221				\$ -	
				\$ -	
			\$ -	\$ -	\$ -

DATE: 02/18/08

IN-HOUSE ROUTE SHEET
RESOLUTION CHECK-OFF LIST

BUDGET #:	432-400582
PERIOD OF TIME:	01/01/07-12/31/07
AMOUNT:	\$4,050.00
DESCRIPTION:	Contract - TN Dept. of Health IMMUNIZATIONS PROGRAM CARRY FORWARD FUNDS FROM FY'07 SIX MONTHS BUDGET TO FY'08 SIX MONTHS BUDGET

	INITIALS	DATE RECEIVED	FORWARDED
<u>SECTION MANAGER</u>			
<u>DEPUTY ADMINISTRATOR</u>			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
<u>RUSSELL</u>			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
<u>ACCOUNTANT</u>			
<u>BROOKS</u>			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
<u>LACHAPELLE</u>			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
<u>FARRIS</u>			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
<u>STOLARICK</u>			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
<u>MADLOCK</u>			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
HIPPA REVIEW			
COMMENTS:			

CONTRACT AND ENCUMBRANCE INFORMATION SHEET

THIS SHEET MUST BE COMPLETED AND SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR,
AND, IF APPLICABLE, THE HEALTH POLICY COORDINATOR, AND ATTACHED TO ALL CONTRACT AND
RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: HEALTH DEPARTMENT
2. Preparer's Name, Telephone #, and E-Mail Address:
Johnathan Russell 544-7585 johnathan.russell@shelbycountyttn.gc
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:
Contract with TDH. MSCHD will provide immunization services children in Shelby County.
4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D.
NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE
CONTRACTING:
Tenn. Dept. of Health
Cordell Hull Bldg.
425 5th Avenue North Nashville, TN 37243
VENDOR NO./FED ID NO. _____
5. COST OF ITEM OR SERVICE REQUESTED: Revenue \$4,050.00 Carry forward FY '07 to FY '08
6. TERM OF PROPOSED CONTRACT/AGREEMENT: 01/01/07 - 12/31/07
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) ****FOR MULTIPLE ACCOUNTS, PLEASE
SPECIFY DOLLAR AMOUNT FOR EACH****
432-400582-Revenue Contract Carry forward of funds.
No Encumbrance Required
8. COMMODITY CODE: _____
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE) :
****PLEASE ATTACH APPROVAL DOCUMENTS****
a. _____ Bid/RFP Process - # & Date TDH Contract
b. _____ Emergency/Sole Source
10. LOSB/MBE INFORMATION: Please check the appropriate description
 MBE (MINORITY OWNED BUSINESS ENTERPRISE)
 MALE FEMALE
 WBE (WOMEN OWNED BUSINESS ENTERPRISE)
 LOSB (LOCALLY OWNED SMALL BUSINESS)
ANNUAL SALES DOES NOT EXCEED \$3 MILLION
 X N/A
11. SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)

REVIEWED AND APPROVED BY:

DEPARTMENT HEAD

DATE

HEALTH POLICY COORDINATOR DATE
(If Applicable)

DIVISION DIRECTOR

DATE